TEST AW	MEARLE	LUFF						nefreile	~ D	whet Num	ber
*	Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000										ر	
٠,٧			_				L	8 70,	<u>/</u>		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SHALL (		OR	OTHER SMALL!	
TOTAL CLAIMS		43					RATE	FEE	1	RATE	FEE
FOR .		MARIER FLED		MANSER EXTRA			Basic Fi	2 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS		413 minus 20-		23			X\$ 9=	207	OR	X\$18=	
INDEPENDENT CLAIMS		g minus 3 =		6			X40-	240	OR	X80-	
MATOPLE DEPENE	DENT CLAMP	ESENT					+135=	-	ОЯ	4270 <b>-</b>	
If the difference i	, ente	r 💝 in c	olumn 2	1	TOTAL	802	CR.	TOTAL	•		
CLAIMS AS AMENDED - PART II							_	تستست		OTHER	
1-23-04 (Cotumn 1) (Cotumn 2) (Cotumn 3)							SMAL	EMILA	OR.	SHALL	—
	CLAIMS		PAGE .	BER	PRESENT		RATE	ADDI- TRONAL		RATE	ADDI- TIONAL
	AFTER ALIENDATED		PREVA		EXTRA		MAIC	FEE	1		FEE
Total  Independent	· U3	Minus	<u>ب</u> ر	13	•		X\$ 9=	<u> </u>	OR	X\$18=	
Independent	. 9	Minus	<b></b> (	9	•		X40=		OR	X80-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1350		l <sub>oa</sub>	i270-		
			<u>.</u> •			ı	101/		OR	TOTAL	
							ADOIT, FE	E	]~	adoil fee	
	(Column 1)			ກກ 2) ປະຣາ	(Column 3)	1 (		T ADDI-	1		AOOL
<b>o</b> .	REMAINING		MUS	BER	PRESENT		RATE	TIONAL		RATE	TIONAL
E	AFTER AMENOMENT			FOR	EAI.A.		2 <	FEE	ł		FEE
Total  Fridapendant	. 44	Minus	<u> </u>	<del>13</del> -	• 4		<b>2</b> €\$	127	OR	X\$18=	
Independent	<u>. Ja</u>	Minus	NUMBER OF	T CI ADA	1-3 D		X40=	30	OR	X80-	<b></b>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135-		OR	+270=	
		· · · · · ·					YOY/		] OA	ADDIT, FE	
123	05		<b></b> -		(Column 3)		ruuti. P	_			
	(Column 1)	-		HEST	COMMINI 3	1		I ADDI-	1		ADD\$
ပ	REMAINS			MEER HOUSLY	PRESENT		RATE	TIONAL		RATE	TIONAL
BM	AMENOMENT			FOB	<del>                                      </del>	1		FEE	4	<b> </b>	FEE
Make Total	.46	Minus	(	4 /	<u> -</u>		X	1	QF!	1518-	
Independent	• 12	Minus	***	1 4	<u> * ·                                     </u>	-	X40=		GA	)OBOse	<u></u>
FIRST PRESE	j	+125-		٦	+270a						
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.							101		OR	TOTA	
"If the entry in column 1 is rest than are entry in THIS SPACE is less than 20, enter "20."  "If the Teginson Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  "If the Teginson Number Previously Paid For IN THIS SPACE is less than 2, enter "20."  The Teginson Number Previously Paid For (Total or independent) is the highest rumber found in the appropriate box in column 1.											: L
The Highest Nor	riber Previously P	aid For (Total or	indepan	deril) is th	dinun Ecarloid a	er to	und in the	Thirdustria p	a ht	gum 1,	`.
						_		Access (Time			S COMMEN